

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395227</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>03/23/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>BROOKSIDE HEALTHCARE AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>2630 WOODLAND ROAD ROSLYN, PA 19001</b>		
STATE LICENSE NUMBER: <b>181502</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
	Based on an Abbreviated survey in response to a complaint completed on March 24, 2023, it was determined that Brookside Healthcare and Rehabilitation Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.				
F 0550  SS=D		F 0550			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0550  SS=D	Continued from page 1  483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.  §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.  §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.	F 0550	Resident#1 compression socks have been applied per the physician's order. The DON or designee will audit current residents with orders for compression socks to ensure that the compression socks have been applied according to the physician's orders. The facility educator or designee will in-service nursing staff regarding the importance of applying compression stockings as ordered by the physician. The DON or designee will conduct random audits of residents with orders for compression stockings weekly for 4 weeks and then monthly for 3 months to ensure that the compression socks have been applied per the physician's orders. Results of the audits will be submitted to the QAPI Committee. The Committee will determine the need for further audits and/or action plans.	Completion Date: <b>05/02/2023</b> Status: <b>APPROVED</b> Date: <b>04/05/2023</b>	

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F 0550  SS=D	Continued from page 2  §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.  This REQUIREMENT is not met as evidenced by:	F 0550			

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F 0550  SS=D	Continued from page 3  Based on clinical record review and staff interview, it was determined that the facility failed to provide services to enhance each resident's quality of life by offering showers as scheduled to three of five sampled residents. (Residents 1, 2, 3)  Findings include:  Clinical record review revealed that Resident 1 had diagnoses that included dementia, stroke, and muscle weakness. The Minimum Data Set (MDS) assessment dated February 22, 2023, indicated that the resident was cognitively impaired, incontinent of bowel and bladder, and was dependent on staff assistance for bathing. The resident's care plan noted that the resident had a self-care deficit and was to be offered a shower twice per week on Wednesday and Saturday, evening shift. There was a lack of documentation to support that Resident 1 was provided the opportunity to have a shower seven of seven times in the past 30 days from February 22, 2023.	F 0550			

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F 0550  SS=D	<p>Continued from page 4</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included dementia, difficulty walking, and muscle weakness. The MDS assessment dated December 7, 2022, indicated that the resident was cognitively impaired, incontinent of bowel and bladder, and was dependent on staff assistance for bathing. The resident's care plan noted that the resident had a self-care deficit and was to be offered a shower twice per week on Monday and Thursday, evening shift. There was a lack of documentation to support that Resident 2 was provided the opportunity to have a shower seven of eight times in the past 30 days from February 23, 2023.</p> <p>Clinical record review revealed that Resident 3 had diagnoses that included stroke, difficulty walking, and muscle weakness. The MDS assessment dated February 9, 2023, indicated that the resident was not cognitively impaired, was incontinent of bowel and bladder, and was dependent on staff assistance for bathing. The resident's care plan noted that the resident had a self-care deficit and was to be</p>	F 0550			

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F 0550  SS=D	Continued from page 5  offered a shower twice per week on Monday and Thursday, day shift. During an interview March 23, 2023, at 12:25 p.m., the resident stated that she preferred to have a shower on her shower days and that they were not always offered. There was a lack of documentation to support that Resident 3 was provided the opportunity to have a shower six of eight times in the past 30 days from February 23, 2023.  During an interview on March 23, 2023, at 2:38 p.m., the Administrator confirmed there was a lack of documentation to support that identified residents were consistently offered showers as scheduled.  28 Pa. Code 201.29(j) Resident rights.  28 Pa. Code 211.12(d)(5) Nursing services.	F 0550			
F 0684  SS=D		F 0684			

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F 0684  SS=D	Continued from page 6  483.25 Quality of Care  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.  This REQUIREMENT is not met as evidenced by:	F 0684	1. Resident # R1 is being showered.  Resident # R2 is being showered.  Resident # R3 continues to be offered a shower and continues to refuse, prefers bed bath, care planned task.  2. Director Of Nursing or Designee will audit the current resident's shower documentation to evaluate that showers are being offered and given as scheduled and documented accordingly.  3. Facility Educator / Designee will educate the nursing staff on consistently offering showers and documenting showers accordingly.  4. Don or designee will conduct random audits on 10 residents, weekly x 4 weeks then monthly for 3 months, to ensure residents are	Completion Date: <b>05/02/2023</b> Status: <b>APPROVED</b> Date: <b>04/05/2023</b>	

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F 0684  SS=D	Continued from page 7	F 0684	being offered showers and that the showers consistently are the showers are being documented accordingly. Results of the Audits will be reported to QAPI for three months and the QAPI committee will determine the need for further audits and/or action plans		



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F 0684  SS=D	<p>Continued from page 8</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that a physician's order was implemented for one of five residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included dementia, stroke, and heart failure. The Minimum Data Set (MDS) assessment dated February 22, 2023, indicated that the resident was cognitively impaired and required extensive assistance from staff for dressing and hygiene. Review of a physician's order dated March 14, 2023, revealed that staff was to apply compression socks to the resident's lower extremities in the morning at 9:00 a.m., and remove them in the evening at 9:00 p.m. Observations on March 23, 2023, at 11:46 a.m., 12:04 p.m., and 12:52 p.m., revealed the resident was dressed and in her wheelchair and the compression socks had not been applied.</p>	F 0684			

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F 0684  SS=D	Continued from page 9  In an interview on March 23, 2023, at 1:36 p.m., the Administrator confirmed the physician's order was not followed.  28 Pa. Code 211.12(d)(1)(5) Nursing services.			F 0684			



# Certified End Page

**BROOKSIDE HEALTHCARE AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 181502**

**SURVEY EXIT DATE: 03/23/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY